FEC FORM

STATEMENT OF ORGANIZATION

RECEIVED

FORM 1		ORGANIZATION					2012 JAN 23 AM 11:50			
1. NAME OF COMMITTEE (in	n full)		(Check if name s changed)		imple:If typing, type	12F	FEE [#]	ICE USE ONLY	MIER	
Building O	·				<u> </u>					
ADDRESS (number a	nd street)	,228 S. V	Vashington St., St	te. 115						
(Check if address is changed)		Alexand	Alexandria				VA 22314			
				CITY		STATE	1	ZIP COL	DE .	
COMMITTEE'S E-MA (Check if is change	address	*	provide only one	e-mail ad	Idress)					
COMMITTEE'S WEB	PAGE A	DDRESS (U	RL)							
(Check if is change										
2. DATE 0	M /	20	2012							
3. FEC IDENTIFIC	CATION	NUMBER	C							
4. IS THIS STATE	MENT	NEW	(N) OR		AMENDED (A	A)				
I certify that I have o	examined	this Stateme	ent and to the be	st of my	knowledge and beli	ief it is true,	correct and	complete.		
Type or Print Name	of Treasu	rer <u>Lisa Lis</u>	ker				······································		· · · · · · · · · · · · · · · · · · ·	
Signature of Treasure	Lisa er	Lisker 💍	Ere R	X	<u> </u>	Date	ľď.	20 1	2012	
NOTE: Submission of	false, erro		·		bject the person sign			penalties of 2	U.S.C. §437g.	
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